		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0040733

Facility Name: Alden Estates of Evanston

Address: 2520 Gross Point Road (Number) Evanston (City) 60201 (Zip Code)

County: Cook

Telephone Number: (773) 286-3883 **Fax #** (773) 286-3743

IDPA ID Number: 36-4003478

Date of Initial License for Current Owners: 03/15/96

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2003 to 12/31/2003 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Steven M. Kroll
(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	42	Skilled (SNF)	42	15,330	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	57	Sheltered Care (SC)	57	20,805	5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	125	1,413	9,770	11,308	8
9	SNF/PED					9
10	ICF	1,663	398		2,061	10
11	ICF/DD					11
12	SC		10,493		10,493	12
13	DD 16 OR LESS					13
14	TOTALS	1,788	12,304	9,770	23,862	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.04%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Day care

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 3/15/96

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/15/96 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 42 and days of care provided 9,770

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Estates of Evanston # 0040733 **Report Period Beginning:** 1/1/2003 **Ending:** 12/31/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	388,615	16,648		405,263	917	406,180		406,180			1
2	Food Purchase		162,974		162,974	(23,548)	139,426	446	139,872			2
3	Housekeeping	75,717	21,947		97,664		97,664		97,664			3
4	Laundry	36,625	7,351		43,976	182	44,158		44,158			4
5	Heat and Other Utilities			192,560	192,560		192,560	(530)	192,030			5
6	Maintenance	50,265		88,040	138,305	107	138,412	6,114	144,526			6
7	Other (specify):*											7
8	**TOTAL General Services**	551,222	208,920	280,600	1,040,742	(22,342)	1,018,400	6,030	1,024,430			8
	B. Health Care and Programs											
9	Medical Director			56,145	56,145		56,145		56,145			9
10	Nursing and Medical Records	1,161,671	80,332	13,396	1,255,399	436	1,255,835	(33,471)	1,222,364			10
10a	Therapy	24,492			24,492		24,492		24,492			10a
11	Activities	68,686	1,297	3,215	73,198		73,198	(4,335)	68,863			11
12	Social Services	42,265			42,265		42,265		42,265			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,297,114	81,629	72,756	1,451,499	436	1,451,935	(37,806)	1,414,129			16
	C. General Administration											
17	Administrative	93,015			93,015		93,015		93,015			17
18	Directors Fees											18
19	Professional Services			420,078	420,078		420,078	(373,696)	46,382			19
20	Dues, Fees, Subscriptions & Promotions			36,731	36,731		36,731	(30,016)	6,715			20
21	Clerical & General Office Expenses	263,298	16,359	166,872	446,529	97	446,626	(24,946)	421,680			21
22	Employee Benefits & Payroll Taxes			269,512	269,512	21,809	291,321	26,261	317,582			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,877	3,877	(646)	3,231	5,021	8,252			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			63,894	63,894		63,894	9,591	73,485			26
27	Other (specify):* **bad debt**			22,234	22,234		22,234	(22,234)				27
28	**TOTAL General Administration**	356,313	16,359	983,198	1,355,870	21,260	1,377,130	(410,019)	967,111			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,204,649	306,908	1,336,554	3,848,111	(646)	3,847,465	(441,795)	3,405,670			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Estates of Evanston #0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			34,193	34,193		34,193	179,095	213,288			30
31	Amortization of Pre-Op. & Org.							8,252	8,252			31
32	Interest			309,074	309,074		309,074	357,462	666,536			32
33	Real Estate Taxes							202,975	202,975			33
34	Rent-Facility & Grounds			969,817	969,817		969,817	(969,817)				34
35	Rent-Equipment & Vehicles			8,535	8,535		8,535	9,255	17,790			35
36	Other (specify):* MIP							39,221	39,221			36
37	**TOTAL Ownership**			1,321,619	1,321,619		1,321,619	(173,557)	1,148,062			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation					646	646		646			38
39	Ancillary Service Centers		436,336	666,988	1,103,324		1,103,324	(80,879)	1,022,445			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		570		570		570	(570)	1			41
42	Provider Participation Fee			22,995	22,995		22,995		22,995			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		436,906	689,983	1,126,889	646	1,127,535	(81,449)	1,046,087			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,204,649	743,814	3,348,156	6,296,619		6,296,619	(696,800)	5,599,819			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$ (4,335)	11	$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(21,491)	30		9
10	Interest and Other Investment Income	(832)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,994)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(21,431)	21		17
18	Fines and Penalties	(60)	32		18
19	Entertainment	(1,295)	20		19
20	Contributions	(1,475)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,746)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(22,234)	27		24
25	Fund Raising, Advertising and Promotional	(26,309)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (111,202)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(269,994)	Various	34
35	Other- Attach Schedule	(315,604)	pg 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (585,598)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (696,800)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Alden Estates of Evanston

ID# 0040733

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	valet cost	$ (44,151)	21	1
2	late fees on utilities	(2,026)	5	2
3	Gift shop expenses	(570)	41	3
4				4
5	intercompany interest	(309,014)	32	5
6	Misc Income - Resident Interest (4977)	(516)	32	6
7	Misc Income - Private Tele. Use (4977)	(3,325)	21	7
8	Add back Therapeutic Interest (part of 7031)	16,226	32	8
9	Back out 30.13% of IHCA dues	(1,164)	20	9
10	Backout prior yr vend. Settlement costs (maint.)	2,988	6	10
11	RC f21 t6 - misc vend sett.	(2,988)	6	11
12	RC f21 t6 - misc vend sett.	2,988	21	12
13	Adj deprec exp to correct amount	(1,360)	30	13
14	Record add'l def maint exp to correct amt.	2,669	6	14
15	Prior Year Rent Adj	22,835	34	15
16	Backout prior yr vend. Settlement costs (Nurs Supply)	1,803	10	16
17	RC f21 t10 - misc vend sett.	(1,803)	10	17
18	RC f21 t10 - misc vend sett.	1,803	21	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(315,604)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,994)	0	0	3,440	0	0	0	0	0	0	0	446	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,026)	0	1,496	0	0	0	0	0	0	0	0	(530)	5
6	Maintenance	2,669	0	4,858	0	0	0	(17)	(1,396)	0	0	0	6,114	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(2,351)	0	6,354	3,440	0	0	(17)	(1,396)	0	0	0	6,030	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(33,080)	(391)	0	0	0	0	0	0	(33,471)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(4,335)	0	0	0	0	0	0	0	0	0	0	(4,335)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(4,335)	0	0	(33,080)	(391)	0	0	0	0	0	0	(37,806)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,746)	4,550	(369,500)	0	0	0	0	0	0	0	0	(373,696)	19
20	Fees, Subscriptions & Promotions	(30,243)	0	227	0	0	0	0	0	0	0	0	(30,016)	20
21	Clerical & General Office Expenses	(64,116)	0	13,337	15,238	10,595	0	0	0	0	0	0	(24,946)	21
22	Employee Benefits & Payroll Taxes	0	0	23,846	0	2,415	0	0	0	0	0	0	26,261	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	5,021	0	0	0	0	0	0	0	0	5,021	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	9,475	116	0	0	0	0	0	0	0	0	9,591	26
27	Other (specify):*	(22,234)	0	0	0	0	0	0	0	0	0	0	(22,234)	27
28	**TOTAL General Administration**	(125,339)	14,025	(326,953)	15,238	13,010	0	0	0	0	0	0	(410,019)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(132,025)	14,025	(320,599)	(14,402)	12,619	0	(17)	(1,396)	0	0	0	(441,795)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Alden Estates of Evanston** **#** **0040733** **Report Period Beginning:** **1/1/2003** **Ending:** **12/31/2003**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(22,851)	189,541	10,584	0	1,821	0	0	0	0	0	0	179,095	30
31	Amortization of Pre-Op. & Org.	0	7,431	675	0	0	146	0	0	0	0	0	8,252	31
32	Interest	(294,196)	630,509	19,957	0	971	221	0	0	0	0	0	357,462	32
33	Real Estate Taxes	0	199,766	2,805	0	404	0	0	0	0	0	0	202,975	33
34	Rent-Facility & Grounds	22,835	(992,652)	0	0	0	0	0	0	0	0	0	(969,817)	34
35	Rent-Equipment & Vehicles	0	0	9,255	0	0	0	0	0	0	0	0	9,255	35
36	Other (specify):*	0	39,221	0	0	0	0	0	0	0	0	0	39,221	36
37	**TOTAL Ownership**	(294,212)	73,816	43,276	0	3,196	367	0	0	0	0	0	(173,557)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(38,747)	(45,710)	3,578	0	0	0	0	0	(80,879)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(570)	0	0	0	0	0	0	0	0	0	0	(570)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(570)	0	0	(38,747)	(45,710)	3,578	0	0	0	0	0	(81,449)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(426,806)	87,841	(277,323)	(53,149)	(29,895)	3,945	(17)	(1,396)	0	0	0	(696,800)	45

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Management Services, Inc.	100	See page 6K		See page 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 992,652	Alden Estates of Evanston II, Inc.		$	$ (992,652)	1
2	V	32	Investments -RR	185	Alden Estates of Evanston II, Inc.			(185)	2
3	V	19	Audit		Alden Estates of Evanston II, Inc.		3,800	3,800	3
4	V	19	Professional fees		Alden Estates of Evanston II, Inc.				4
5	V	19	Misc. expenses		Alden Estates of Evanston II, Inc.		750	750	5
6	V	33	Real estate taxes		Alden Estates of Evanston II, Inc.		199,766	199,766	6
7	V	26	Property & liability insurance		Alden Estates of Evanston II, Inc.		9,475	9,475	7
8	V	32	Interest on mortgage payable		Alden Estates of Evanston II, Inc.		630,694	630,694	8
9	V	36	Mortgage insurance premium		Alden Estates of Evanston II, Inc.		39,221	39,221	9
10	V	30	Depreciation		Alden Estates of Evanston II, Inc.		189,541	189,541	10
11	V	31	Amortization		Alden Estates of Evanston II, Inc.		7,431	7,431	11
12	V								12
13	V								13
14	Total			$ 992,837			$ 1,080,678	$ * 87,841	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	employee benefits	$	Alden Management Services		$ 23,846	$ 23,846	15
16	V	19	profess. Fees	376,139	Alden Management Services		6,639	(369,500)	16
17	V	21	g & a		Alden Management Services		13,337	13,337	17
18	V	5	utilities		Alden Management Services		1,496	1,496	18
19	V	6	maintenance		Alden Management Services		4,858	4,858	19
20	V	24	auto/travel		Alden Management Services		5,021	5,021	20
21	V	26	Insurance		Alden Management Services		116	116	21
22	V	20	subscriptions/etc		Alden Management Services		227	227	22
23	V	30	depreciation		Alden Management Services		10,584	10,584	23
24	V	31	amortization		Alden Management Services		675	675	24
25	V	33	real estate tax		Alden Management Services		2,805	2,805	25
26	V	34	rent		Alden Management Services				26
27	V	35	rent-equip/vehicles		Alden Management Services		9,255	9,255	27
28	V	32	interest		Alden Management Services		19,957	19,957	28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 376,139			$ 98,816	$ * (277,323)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	tube-feediing	$	Pyramids Health Care	100.00%	$ 3,440	$ 3,440	15
16	V	10	nursing suplies	34,354	Pyramids Health Care		1,274	(33,080)	16
17	V	39	per diems/other supplies	84,232	Pyramids Health Care		45,485	(38,747)	17
18	V	21	gen'l & admin.		Pyramids Health Care		15,238	15,238	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 118,586			$ 65,437	$ * (53,149)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	$ 189,474	Forum Extended Care II	100.00%	$ 160,070	$ (29,404)	15
16	V	10	house stock	2,516	Forum Extended Care II		2,125	(391)	16
17	V	39	I.V	105,066	Forum Extended Care II		88,760	(16,306)	17
18	V	22	employee benefits		Forum Extended Care II		2,415	2,415	18
19	V	21	gen'l & admin		Forum Extended Care II		10,595	10,595	19
20	V	32	interest		Forum Extended Care II		971	971	20
21	V	33	real estate tax		Forum Extended Care II		404	404	21
22	V	30	depreciation		Forum Extended Care II		1,821	1,821	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 297,056			$ 267,161	$ * (29,895)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	therapy	$ 646,161	Community Physical Therapy	100.00%	$ 649,739	$ 3,578	15
16	V		32	interest		Community Physical Therapy		221	221	16
17	V		31	amortization		Community Physical Therapy		146	146	17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 646,161			$ 650,106	$ * 3,945	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		6	repairs and maintenance	$ 5,254	Alden Bennett Construction		$ 5,237	$ (17)	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 5,254			$ 5,237	$ * (17)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	CARPET CLEANING	$ 19,303	ALDEN REALTY - CARPET CARE		$ 17,963	$ (1,340)	15
16	V	6	FLOOR CLEANING	980	ALDEN REALTY - FLOOR CARE		924	(56)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 20,283			$ 18,887	$ * (1,396)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number ALDEN NURSING CENTER - EVANSTON # 004-0733 Report Period Beginning 01/01/03 Ending: 12/31/03

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Heather	Harvey
ANC Long Grove	Long Grove
ANC Waterford	Aurora
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingdale
ANC Village for Children & Young Adults	Bloomingdale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingdale
Alden of Old Town West	Bloomingdale
Alden Trails	Bloomingdale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Clinton, WI
ANC Poplar Creek	Hoffman Estates
ANC Governer's Park of Barrington	Barrington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlosberg a.	President	CEO	100.00	338,776	0.896	2.24	SALARY	$ 7,776	17-1	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin		85,111	0.896	2.24	SALARY	1,954	10-1	2
3	Terry Magnusson c.	Maint. Supervisor	constuct/maint		82,305	0.896	2.24	SALARY	1,889	6-1	3
4											4
5											5
6											6
7	a. Floyd Schlosssberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10											10
11											11
12											12
13								TOTAL	$ 11,619		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson Ave.
City / State / Zip Code: Chicago
Phone Number: (773) 286-3883
Fax Number: (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		see page 8A (also on page 6A)				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2	Cambridge		X	Operations	$57,000.98	4/00	8,000,800	7,828,952	05/2035	8.0300	630,694	2
3												3
4												4
5												5
	Working Capital											
6	Related Party - AMS & T Syst	X		Working Capital							36,183	6
7	Related Party - FECII	X		Working Capital							971	7
8	Realted Party - CPT	X		Working Capital							221	8
9	TOTAL Facility Related				$57,000.98		$ 8,000,800	$ 7,828,952			$ 668,069	9
	B. Non-Facility Related*											
10	Interest Income on Corp	X									(832)	10
11	Interest Income on Even II	X									(185)	11
12	Resident Interest		X								(516)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (1,533)	14
15	TOTALS (line 9+line14)						$ 8,000,800	$ 7,828,952			$ 666,536	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 39,221 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	199,300	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	196,564	2
3. Under or (over) accrual (line 2 minus line 1).	$	(2,736)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	202,502	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	199,766	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1998	203,750	8
	1999	215,336	9
	2000	220,724	10
	2001	193,457	11
	2002	196,564	12

Accrual based on 3% increse over prior year.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Evanston COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040733

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	10-10-200-077-0000	Nursing Home Facility	$ 196,564.33	$ 196,564.33
2.		Related Party - Alden Management	$ 125,008.00	$ 2,805.00
3.		Related Party - Forum	$ 8,317.00	$ 404.00
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 329,889.33	$ 199,773.33

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 53,567 B. General Construction Type: Exterior Brick Frame Steel Number of Stories

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 260,098
2. Number of Years Over Which it is Being Amortized: 35
3. Current Period Amortization: 7,431
4. Dates Incurred: 3/31/95

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	SNF/Assisted living	53,277	1995	$ 350,000	1
2					2
3	TOTALS	53,277		$ 350,000	3

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related party-Forum			1978	$ 18,359	$	22	$	$	$ 18,359	4
5	99		1995	1994	5,377,512	159,376	39	137,885	(21,491)	1,211,550	5
6	Reclass Refinancing fees		1999		54,450	1,601	34	1,601		6,405	6
7											7
8	related party forum			1978	15,909		22			15,909	8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Repair: boiler, valve, elect. Fixtures, heater, TV antenna	1995	$ 17,311	$ 1,330	10-20	$ 1,330	$	$ 11,052	37
38	Install lawn sprinkler system	1996	19,670	1,311	15	1,311		9,654	38
39	Demolition, excavating, electricalwork, masonry	1996	39,481	2,715	25	2,715		17,392	39
40	Sign	1996	745	62	12	62		445	40
41	Sink	1996	1,366	68	20	68		518	41
42	Motor repair	1996	3,300	165	20	165		1,320	42
43	Elevator remodeling	1996	3,018	151	20	151		1,094	43
44	Install new electrical outlets	1997	2,542		5			2,542	44
45	Telephone system upgrade	1997	2,698	270	10	270		1,641	45
46	Repair panel	1998	3,631	182	5	182		3,631	46
47	Repair rainshields, relief valve	1998	7,117	712	10	712		3,974	47
48	Replace fan motor	1998	5,797	483	5	483		5,797	48
49	Electrical panel	1998	1,926	193	10	193		1,027	49
50	Replace freezer compressor	1998	3,457	346	10	346		1,844	50
51	Replace fire alarm sys	1998	56,459	3,764	15	3,764		19,761	51
52	Elm heating-cooler-hvac	1999	2,500	250	10	250		1,125	52
53	Aqua plumbing-water heater	1999	10,445	696	15	696		2,901	53
54	CSI-repair air maint. Handler unit	1999	1,855	186	10	186		897	54
55	New horizons-hook up phones	1999	1,827	183	10	183		837	55
56	Alden Bennett Const.	2000	7,160	716	10	716		2,864	56
57	The floor source-lobby & elevator carpeting	2000	3,652	730	5	730		2,800	57
58	Alden Bennett Const.-wallcovering	2000	1,350	270	5	270		1,035	58
59	DBS Contracting-repair lawn sprinkler	2000	2,281	228	10	228		798	59
60	CSI-install disposal	2000	2,341	468	5	468		1,600	60
61	Forx valley fire & safety-repair sprinkler system	2000	1,765	118	15	118		402	61
62	CSI-replace compressor	2000	1,770	177	10	177		605	62
63	Alden Bennett-seea/stripe parking lot, replace sidewalk	2000	5,582	626	5-15	626		2,095	63
64	Service on Elliot Will -CSI Coker	2001	5,205	521	10	521		521	64
65	Capps plumbing repair for meter bypass line	2001	1,840	368	5	368		368	65
66	The floor source - lobby & elevator carpet	2001	944	188	5	188		189	66
67	Sonja	2002	2,227	296	10	296		297	67
68	ABC (amtech lighting)	2002	2,202	110	20	110		110	68
69	New Horizon (replace main frame)	2002	1,745	349	5	349		349	69
70	TOTAL (lines 4 thru 69)		$ 5,691,439	$ 179,209		$ 157,718	$ (21,491)	$ 1,353,708	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 5,691,439	$ 179,209		$ 157,718	$ (21,491)	$ 1,353,708	1
2	ABC - parquet ffloor	2003	5,398	495	10	495		495	2
3	ABC - interior work - various - walls/bathroom	2003	8,703	725	10	725		725	3
4	ABC - replaced HID Ballasts (3) HID Lamp (1)	2003	2,870	239	10	239		239	4
5	Csi-Coker - door gasket/safety switch	2003	2,480	289	5	289		289	5
6	ABC - sewage ejector pump - install	2003	6,104	203	10	203		203	6
7	ABC	2003	6,955	58	10	58		58	7
8	US Foods - steamer	2003	1,059	18	5	18		18	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,725,008	$ 181,236		$ 159,745	$ (21,491)	$ 1,355,735	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 5,725,008	$ 181,236		$ 159,745	$ (21,491)	$ 1,355,735	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphalt	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathrooms	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	15,137	378	40	378		1,896	33
34	TOTAL (lines 1 thru 33)		$ 5,796,735	$ 183,513		$ 162,022	$ (21,491)	$ 1,408,557	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 610,133	$ 44,842	$ 44,842	$		$ 211,610	71
72	Current Year Purchases	28,251	3,252	3,252			3,252	72
73	Fully Depreciated Assets	78,332	1,121	1,121			78,332	73
74								74
75	TOTALS	$ 716,717	$ 49,214	$ 49,214	$		$ 293,194	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	:dodge/other	98-'03	$ 11,860	$ 2,052	$ 2,052	$	3	$ 11,658	76
77										77
78										78
79										79
80	TOTALS			$ 11,860	$ 2,052	$ 2,052	$		$ 11,658	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 6,875,312	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 234,779	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 213,288	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (21,491)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,713,409	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$ N/A	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$ N/A	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party - cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [X] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 4/1/2000
Ending 4/30/2020

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/2004	$ 792,867
13.	12/31/2005	$ 792,867
14.	12/31/2006	$ 792,867

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 8,534 Description: Copy Machine Lease
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related Party - AMS		$ 771.25	$ 9,255	17
18					18
19					19
20					20
21	TOTAL		$ 771.25	$ 9,255	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   Skilled nurses on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 270,521	$		$ 270,521	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			24,345			24,345	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			351,673			351,673	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	see pg 16A	# of prescrpts				170,034		170,034	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	see pg 16A					205,870		205,870	13
14	TOTAL			$		$ 646,540	$ 375,905		$ 1,022,445	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Estates of Evanston # 0040733 **Report Period Beginning:** 1/1/2003 **Ending:** 12/31/2003

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2003 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$ 15,803	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	633,224	633,224	3
4	Supply Inventory (priced at)	794	794	4
5	Short-Term Investments		84,428	5
6	Prepaid Insurance	3,296	21,561	6
7	Other Prepaid Expenses	848	848	7
8	Accounts Receivable (owners or related parties)		380,648	8
9	Other(specify): due from 3rd parties	(47,547)	(47,547)	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 590,615	$ 1,089,759	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		980,000	13
14	Buildings, at Historical Cost		6,278,135	14
15	Leasehold Improvements, at Historical Cost	284,237	284,237	15
16	Equipment, at Historical Cost	162,692	591,142	16
17	Accumulated Depreciation (book methods)	(206,933)	(907,975)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Refinancing costs		232,851	22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 239,996	$ 7,458,390	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 830,611	$ 8,548,149	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,388,232	$ 1,388,909	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	35,474	35,474	28
29	Short-Term Notes Payable	82,230	139,660	29
30	Accrued Salaries Payable	154,048	154,048	30
31	Accrued Taxes Payable (excluding real estate taxes)	9,434	9,434	31
32	Accrued Real Estate Taxes(Sch.IX-B)		202,500	32
33	Accrued Interest Payable		52,439	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accr ins,exps,idpa,sales tax misc.	74,187	74,187	36
37	Due to Affiliates	4,196,174	4,196,174	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 5,939,779	$ 6,252,825	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	119,292	119,292	39
40	Mortgage Payable		7,771,522	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 119,292	$ 7,890,814	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 6,059,071	$ 14,143,639	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (5,228,460)	$ (5,595,490)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 830,611	$ 8,548,149	48

***(See instructions.)**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (4,501,569)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (4,501,569)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(726,891)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (726,891)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (5,228,460)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,307,102	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,307,102	3
	B. Ancillary Revenue		
4	Day Care	4,335	4
5	Other Care for Outpatients		5
6	Therapy	21,160	6
7	Oxygen	1,480	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 26,975	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	229	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	6,182	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(628)	19
20	Radiology and X-Ray	862	20
21	Other Medical Services	34,627	21
22	Laundry	180	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 41,452	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	832	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 832	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A	7,940	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 7,940	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,384,301	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,040,742	31
32	Health Care	1,451,499	32
33	General Administration	1,355,870	33
	B. Capital Expense		
34	Ownership	1,321,619	34
	C. Ancillary Expense		
35	Special Cost Centers	1,103,894	35
36	Provider Participation Fee	22,995	36
	D. Other Expenses (specify):		
37	Related party salary allocation	(185,427)	37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,111,192	40
41	**Income before Income Taxes (line 30 minus line 40)****	(726,891)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (726,891)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,919	1,965	$ 70,375	$ 35.81	1
2	Assistant Director of Nursing					2
3	Registered Nurses	16,613	17,049	482,882	28.32	3
4	Licensed Practical Nurses	5,963	6,199	131,012	21.13	4
5	Nurse Aides & Orderlies	36,963	38,261	399,964	10.45	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,891	1,974	24,492	12.41	8
9	Activity Director	1,592	1,680	29,840	17.76	9
10	Activity Assistants	3,929	4,157	38,846	9.34	10
11	Social Service Workers	1,760	2,064	42,264	20.48	11
12	Dietician					12
13	Food Service Supervisor	1,960	2,080	43,842	21.08	13
14	Head Cook	1,324	1,376	21,553	15.66	14
15	Cook Helpers/Assistants	29,640	31,236	320,965	10.28	15
16	Dishwashers					16
17	Maintenance Workers	1,908	2,000	41,035	20.52	17
18	Housekeepers	8,286	8,915	72,342	8.11	18
19	Laundry	3,798	4,139	36,625	8.85	19
20	Administrator	2,072	2,080	61,449	29.54	20
21	Assistant Administrator					21
22	Other Administrative	3,740	4,016	83,441	20.78	22
23	Office Manager					23
24	Clerical	4,300	4,508	54,885	12.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,940	2,072	63,410	30.60	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	129,598	135,771	$ 2,019,222 *	$ 14.87	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	56,145	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,376	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	68	3,040	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	68	$ 61,561		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ N/A		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
Gotesman, M	Administrator	0	61,449
Executive / Management	Executive Mgmt		31,566
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 93,015

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services	MNGT. FEES	$ 376,139
BDO	ACCT. FEES	10,196
Ken Fisch/Greenburg/Hermann	Legal Fees	32,907
Medicom	Software consultant	194
Talx Corp	Unemployment Consulting	375
Jennings Law / Dana Cons.	401k services	267
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 420,078

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 39,334
Unemployment Compensation Insurance	14,481
FICA Taxes	152,030
Employee Health Insurance	55,960
Employee Meals	23,548
Illinois Municipal Retirement Fund (IMRF)*	
dental, life, pension costs	1,312
relations& misc proll costs	2,357
drug test, 401k match, vaccinations,dishonesty	2,298
Related Party - AMS	23,846
Related Party - FECII	2,415
TOTAL (agree to Schedule V, line 22, col.8)	$ 317,582

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	828
Health Care Worker Background Check	217
(Indicate # of checks performed 31)	
Surety bond fees, dues & subcriptions	2,149
IL Health Care Assoc	2,698
Employee Assoc. Due	595
Related Party - AMS	227
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 6,715

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
misc/gas/repairs	881
Related Party - AMS	5,021
Seminar Expense	
O.C.C./Life Serv. Network	1,040
ACT.COURSE / Misc	1,310
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 8,252

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			$		$	$	$	$	$	$	$	$	$
2	Plumbing repairs	11/96	1,897	15	126	126	126	126	126	126	126	126	126
3	A/C repairs	6/97	1,720	3	240								
4	Painting	9/00	3,856	3	428	1,285	1,285	858					
5	Painting	11/02	5,491	3			305	1,830	1,830	1,526			
6	Painting	11/02	3,511	3			195	1,171	1,171	974			
7	Painting	1-12/98	7,231	3	2,410	1,218							
8	Painting>1,500 ytd 1999	7/99	6,140	3	2,047	2,047	1,023						
9	Pipe Work - Capps	9/03	865	5				96	173	173	173	173	77
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 30,711		$ 5,251	$ 4,676	$ 2,934	$ 4,081	$ 3,300	$ 2,799	$ 299	$ 299	$ 203

Facility Name & ID Number Alden Estates of Evanston # 0040733 **Report Period Beginning:** 1/1/2003 **Ending:** 12/31/2003

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IL Healthcare Assoc. $3,861.72**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **15,580** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **22,995**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **23,548** Has any meal income been offset against related costs? **No** Indicate the amount. $ **n/a**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **n/a**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **BDO Seidman, LLP** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **no** If no, please explain. **not yet issued**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(23,548)	Employee Meal
	22	23,548	Employee Meal
22		(1,739)	Uniforms
	10	436	Uniforms
	6	107	Uniforms
	4	182	Uniforms
	1	917	Uniforms
	3	0	Uniforms
	11	0	Uniforms
	21	97	Uniforms
19			R/E Tax Appeal
	33		R/E Tax Appeal
		(0)	Net should be 0